S. No. 2
M—8-13
5-17-39
X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11-38352

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 141

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls 87
(c) City or town Center 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EMMA ELZEA BUNCH

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) ~~Single~~ widowed, ~~married~~, ~~divorced~~ 9

6. (b) Name of husband or wife MORTON BUNCH
6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased AUG. (Month) 15 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	8	3	____ hr. ____ min.

9. Birthplace Rees Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name James A. Elzea
13. Birthplace Hannibal (City, town, or county) Mo. (State or foreign country)
14. Maiden name Adeline Lefever
15. Birthplace Marion Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Jess Ely
(b) Address Center, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Salem, Mo.
18. (a) Signature of funeral director Fields & Son
(b) Address Frankford, Mo.
19. (a) 4-19-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 18
year 48 hour 5 9 M minute ____ M.

21. I hereby certify that I attended the deceased from April 10, 1948, to April 18, 1948; that I last saw her alive on April 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Cerebral Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or Other)
Address [illegible] Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Jose Tiers Megown

Licensed Embalmer No. 4093

P. O. Address Frankford, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.